GLENDENING MCKENNA & PRESCOTT

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MELISSA SAGE, of Counsel P. CRAIG BAILEY, of Counsel

June 22, 2012

Via Federal Express (202) 694-1000

Ms. Ashley Carter
Senior Campaign Finance Analyst
Reports Analysis Division
Federal Election Commission
999 E. Street N.W.
Washington, D.C. 20004

2012 JUN 25 AM 9:5

Re: TEAM

Dear Ashley:

This confirms receipt of your correspondence dated June 6, 2012 regarding the Statement of Organization for TEAM.

Consistent with your instructions, I have enclosed an amended Form 1, checking 5(f) and completing line 6.

Please note as well our amendment to the PAC name from The Evangelical American Movement (TEAM) to TEAM PAC USA.

On another note, I will submit the Form 3X for TEAM PAC USA by the July 15th deadline for the May 3-June 30, 2012 reporting period.

Thank you.

Very truly yours

JEFREY A. GLENDENING

JAG/cjw Enclosure

STATEMENT OF	RÉCEIVE	
FORM 1	FEC ORGANIZATION	2012 JUN 25 AM 9: 52
		E. E. Compa, Day Tour E. M. I. E. C.
1. NAME OF COMMITTEE (in	(Check if name Example: If typing, type over the lines.	12FE4M5
TEAM	PAC USA	
ADDRESS (number a	and street) Pill Box 4705 89	
(Check if a is changed)	→	AV 71117 0500
_	J. W. W. L.	
	СПҮ	STATE ZIP CODE
COMMITTEE'S E-MA	AIL ADDRESS (Please provide only one e-mail address)	
	VOTE Q TEAMPRUSA. G.	
(Check if is change	address	
COMMITTEE'S WEE	B PAGE ADDRESS (URL)	
(Check if	address WW W. TEAMPACUSA. Gran	
is change	ed)	
2. DATE	6 22 2012	· ·
3. FEC IDENTIFICATION NUMBER C0.05.20460		
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.		
Type or Print Name of Treasurer		
Signature of Treasure Date Date 22 20/2		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.		
Office	For further Information	n contact: FEC FORM 1
Use Only	Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	ission FEC FORIVI I

P	ao	е	2

FEC Form 1 (Hevised 02/2009) Page 2		
TYPE OF COMMITTEE		
Candidate Committee:		
(a) This committee is a principal campaign committee. (Complete the candidate information below.)		
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
Name of Candidate		
Candidate Party Affiliation Sought: House Senate President District		
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate		
Party Committee:		
(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party		
Political Action Committee (PAC):		
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is		
Corporation Corporation w/o Capital Stock Labor Organization		
Membership Organization Trade Association Cooperative		
In addition, this committee is a Lobbyist/Registrant PAC.		
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or participation committee. (i.e., nonconnected committee)		
In addition, this committee is a Lobbyist/Registrant PAC.		
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint Fundraising Representative:		
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal nandidate.		
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.		
Committees Participating in Joint Fundraiser		
1. FEC ID number C		
2. [] FEC ID number C		
3. FEC ID number C		
4.		

FEC Form 1 (Hevised	02/2009)	Page 3
Write or Type Committee Nam	ne	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersi	hip PAC Sponsor
NOWELLI		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and position of the person in pos	session of committee
Full Name	Hey A Chardening	
Mailing Address	La Bax 4705.89	
	Vulsa Il 74/	47-0589
Title or Position	CITY STATE	ZIP CODE
Chairman	Telephone number 9/8 - 9	94-7037
8. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the na	me and address of
Full Name of Treasurer	Flex A be landering	
Mailing Address	KOBAX 4705.89"	
	CITY STATE	47-15-8-9 ZIP CODE
Title or Position		94-7037

FEC Form 1 (Revis	sed 02/2009)		Page 4
			_
Full Name of Designated Agent	Hey the belowdering		
Mailing Address	10 Bex 4705.89		
			70.00
	CITY	STATE	ZIP CODE
Title for Position	Agentii Telephone n	umber 💋	181-4941- <i>7037</i>
Banks or Other Deposito safety deposit boxes or ma	ories: List all banks or other depositories in which the commaintains funds.	ittee deposits	funds, holds accounts, rents
Name of Bank, Depository	, etc.	4	
Zni	Thetrand Sand of	pmm	ME
Mailing Address	8112 SOUTH GHAVET	RIAL	
	BRIKEN ARKIN	OK	74/02
	CITY	STATE	ZIP CODE
Name of Bank, Depository	, etc.		
بنيا			
Mailing Address			
			اللبا-اللبلا
	CITY	STATE	ZIP CODE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED